

## FIFTY-FOURTH

# ANNUAL REPORT

ON THE

# Health of Stafford

## J. T. MACNAB

M.A., M.B., B.Ch. (Cantab.), D.P.H. MEDICAL OFFICER OF HEALTH

1927

STAFFORD:

ALLISON & BOWEN, LTD., 19, GREENGATE STREET





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## STAFF

OF THE

## Public Health Department

MEDICAL OFFICER OF HEALTH,

Medical Superintendent Infectious Diseases Hospital and Medical Officer Infant Welfare Centre.

\*J. T. MACNAB, M.A., M.B., B.Ch. (Cantab.), D.P.H.

SENIOR SANITARY INSPECTOR.

Lodging-house Inspector, Inspector under the Canal Boats Act, and Inspector under the Housing Consolidated Regulations, 1925.

\*JAMES H. DRURY, Cert. R. San. Inst., and Certificated Meat Inspecto r.

SANITARY INSPECTOR.

\*E. RAMSAY, Cert. R. San. Inst.,
and Certificated Meat Inspector.

HEALTH VISITORS.

and Assistant Sanitary Inspectors.

\*MISS C. E. SUFFIELD, H.V. & S.I. Certs. R.S.I.

Cert. Cent. Midwives' Board.

\*MISS E. E. BRIGGS, H.V. & M. & C.W. Certs. R.S.I., Cert. Cent. Midwives' Board.

MATRON OF INFECTIOUS DISEASES HOSPITAL.
MISS K. BALDWIN.

CLERK.

R. FOWELL.

\*Salaries contributed to under Public Health Acts or by Exchequer Grants. All are whole-time Officers, except that the Health Visitors devote a portion of their time to work under the Staffordshire, Wolverhampton, and Dudley Joint Committee for Tuberculosis.



5, Martin Street,

STAFFORD.

27th March, 1928.

#### To the Chairman and Members of the Public Health Committee.

MADAM AND GENTLEMEN,

I have the honour to submit the Fifty-fourth Annual Report on the Health of Stafford.

It is drawn up in accordance with the instructions contained in the Ministry of Health Circular No. 834, dated 15th December, 1927.

The death rate is again low compared with the average for towns of similar size. The combination of a low birth rate with this must result in an increase in the average age of the population, and in time this will tend to raise the death rate.

It is satisfactory to be able to report that the infant mortality rate and the Tuberculosis death rate are the lowest yet recorded in the borough.

The town has remained very free from infectious disease throughout the year.

Housing for the poorer families promises to reach at least a partial solution, if the proposal to build some lower rented houses on the new estate bears fruit. This will undoubtedly enable an improvement to be made in some of the worst cases of overcrowding.

During the year the health department removed into new offices in Martin Street. For some time the old premises had been too small to accommodate the staff properly, and change has been much appreciated. My thanks are again due to the members of the Council for their consideration and support in my work, and to all members of the staff for their loyal co-operation throughout the year. I have again to thank Miss Suffield and Mr. Drury for their help in preparing the report.

I am, Madam and Gentlemen,

Your obedient Servant,

J. T. MACNAB.

# REPORT

#### STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

#### General Statistics.

Area of Borough					
Population { Cen	sus (1921) gistrar-Genera	 1's estin	 1ate (19		28,635 28,830
Density of popula					
acre (1927)					8.4
Number of inhabi	ited houses (1	1921)	• • •	• • •	5,642
Number of families	s or separate o	occupier	s (1921)	)	5,964
Number of rooms	per person	(1921)	• • •	• • •	1.13
Rateable value (0	General Distr	ict Rat	e on I	st	
April, 1927)`	•••		•••	£1	52,298
Sum represented					

#### Social Conditions.

The chief occupations are Boot and Shoe Manufacture, and General and Electric Engineering. No evidence has, as yet, been produced which points to widespread effects of any particular local industry upon health, except for the fact that tuberculosis is somewhat prevalent among boot and shoe operatives.

#### Extracts from the Vital Statistics of the Year.

POPULATION.—The Registrar General's estimate for the population of Stafford is 440 less than last year, notwith-standing the natural increase of 167 (excess of births over deaths). This would seem to indicate a loss by migration of 607 persons during the year. There appears to be no local evidence to justify this conclusion, but it is no doubt best to utilise the official figure and await the result of the next census for final evidence as to the actual population.

Total M. F.
BIRTHS: Legitimate 438 234 204 Birth Rate 15.8.
Illegitimate 17 7 10

The rate for the 155 Smaller Towns of England and Wales is 16.4. Last year Stafford's birth rate was 16.4.

Total M. F.
DEATHS: 288 139 149 Recorded Death Rate 10.0.

The death rate is affected by the age and sex of the population concerned, being higher among an elderly population and also, to some extent, among males as compared with females of similar age.

The Registrar-General supplies a "factor for Correction" to each district based on the age and sex of its population as shown at the last Census. When the recorded death rate of a town is multiplied by this factor the corrected death rate is obtained. This is truly comparable with the death rate of any town similarly treated.

The factor for correction for Stafford is 0.991, and the corrected **death rate is 9.9**, compared with 11.3 for the 155 Smaller Towns and 10.7 for Stafford last year.

The causes of death are shown below:—

Causes of death.	Males.	Females.	Total.
Enteric fever			_
Small-pox			_
Measles	ı		
Scarlet fever			
Whooping cough	I	2	3
Diphtheria		I	Ī
Influenza	7	3	IO
Encephalitis lethargica		J	
Meningococcal meningitis		<del></del>	
Tuberculosis of respiratory system	10	10	20
Other tuberculous diseases		4	4
Cancer, malignant disease	rS	14	32
Rheumatic fever	2	2	4
Diabetes	2	4	6
Cerebral hæmorrhage, etc.	7	τ 5	22
Heart disease	20	17	37
Arterio-sclerosis	1	3	7
Bronchitis	4 8	14	22
Pneumonia (all forms)	8	8	16
Other respiratory diseases	5	3	8
Ulcer of stomach or duodenum	3	3	ī
Diarrhoea, etc. (under 2 years)	T	I	2
Appendicitis and typhlitis		ī	I
Cirrhosis of liver	2	T	3
Acute and chronic nephritis	2	I	
Puerperal sepsis	2	2	3 2
Other accidents and diseases of		2	2
pregnancy and parturition			
Congenital debility and malforma-	6		
tion, premature birth	6	3	9
Suicide	3 8		3
Other deaths from violence	1	I	9
Other defined diseases	23	39	62
Causes ill-defined or unknown	_	_	
Total deaths	139	149	288

There were 27 fewer deaths than during last year, the only noteworthy increases being those due to Whooping Cough (three) and Influenza (seven).

Fewer deaths were recorded from Heart Disease, Bronchitis, Pneumonia and Tuberculosis.

Influenza was prevalent at the beginning of the year, nine of the ten deaths taking place in February.

that is more than 39% of the whole number, so that although the span of life is increasing it will be some time before "three score years and ten" applies to the majority. Four deaths occurred at or above 90 years, the oldest being 96.

ZYMOTIC DEATH RATE. There were seven deaths registered as due to Zymotic Diseases giving a rate of 0.24, compared with 0.58, the average for the preceding ten years.

Deaths from Measles (all ages)  ,, ,, Whooping Cough ,, ,,  ,, Diphtheria ,, ,,  ,, Diarrhœa (under 2 years)	1 3 1 2	Total Zymotic Deaths 7
Death rates for :—		
Bronchitis, Pneumonia, etc		1.59
Heart disease	• • •	1.28
Cancer		I.II
Tuberculosis (all forms)		0.83
All other causes	• • •	5.17
Total	•••	9.98

# Birth-rate, Death-rate, and Analysis of Mortality during the year 1927.

(Provisional figures. The rates have been calculated on a population estimated to the middle of 1927. The mortality rates refer to the whole population as regards England and Wales and Stafford, but only to civilians as regards London and the groups of towns. As the registration of stillbirths did not come into operation until 1st July, 1927, no stillbirths are included.)

		1					_
		Uncertified Causes of Death.	1.0	0.0	9.0	1.2	0.3
	TAGE EATHS.	Certified by Coroner after P.M.	* 4.0	1.8*	*6.0	0.3*	*4.0
	PERCENTAGE TOTAL DEATHS.	Inquest Cases.	6.6	7.9	9.9	5.8	7.3
	OF T	Certified by Registered Medical Practi- tioners,	7:16	90.3	6.19	92.7	7:16
	re per Births.	Total Deaths under One year,	69	59	71	89	48
	RATE PER 1,000 BIRTH	Diarrhœa and Enteritis (nnder (nnder	6.3	7.5	8.3	5.0	4.4
		Violence.	0.51	0.51	0.46	0.41	0.42
	ION.	Influenza.	0.57	0.39	0.49	0.58	0.35
	OOO POPULATION	Diphtheria.	0.07	0.09	0.08	0.05	0.03
	,000 P	Whooping Congh.	0.00	0.12	0.10	90.0	0,10
	PER I	Scarlet Fever,	0.01	0.01	10.0	0.01	
l	TH-RAT	Measles,	0.09	0.04	0.12	0.07	0.03
	ANNUAL DEATH-RATE PER	Small-pox.	0.00	0.00	00.00	0.00	1
	ANNU	Enteric Fever.	0.01	0.01	10.0	0.01	
		All Causes.	12.3	11.9	12.2	11.3	6.6
	BIRTH-	PER I,000 TOTAL POPULA- TION.	16.7	1.6.I	17.1	16.4	15.8
			England and Wales	London roy Boroughs and Great	Towns, including London	Populations 20,000-50,000)	STAFFORD
I-		8					

\*The Coroners (Amendment) Act, 1926, which came into operation on the 1st May, 1927, provided for the registration of deaths on a certificate of the Coroner after P.M. without inquest. These percentages relate therefore to 8 months of the year only.

Number of women dying in, or in consequence of, child birth:—

from	sepsis	• • •	• • •	• • •	• • •	• • •	2
from	other	causes	• • •	• • •	• • •	• • •	0

Deaths of infants under one year of age per 1,000 births:

Legitimate	• • •	 • • •	• • •	48
Illegitimate	• • •	 	•••	58
Total (all infants)	• • •	 		48

The following table gives the infant mortality for 1927, and also for the previous ten years.

			ie month.	Under one year.		
Year	Births	Deaths	Rate per 1000 births	Deaths	Rate per 1000 births	
1917	497	13	26	33	66	
1918	461	21	45	47	102	
1919	498	19	38	40	80	
1920	622	1. 17	27	41	66	
1921	595	22	37	44	74	
1922	496	15	30	35	70	
1923	491	16	33	27	55	
1924	449	17	38	33	73	
1925	486	10	21	25	51	
1926	48 <b>1</b>	16	33	29	60	
Average			Ì			
for 10 yrs.	507.6	16.6	32.8	35.4	69.7	
1927	455	12	26	22	48	

The Infant Mortality Rate is the lowest ever recorded in the Borough, and is well below that for the Smaller Towns of England and Wales which is 68. As in other years the infants attending the Child Welfare Centre compare very favourably with the minority who do not attend. Only three of the deaths occurred in infants who attended the Centre.

Total deaths under 1 year	H 2 2 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	22
21-9	2   H	3
syjuom 6-9		73
3-6	#             H	C1
r-3	H   H     H	3
Total under 4 weeks	н   юнаннн	12
3-4 Meeks		
х-3 меека		
I-z weeks		8
Under I week	+++   ++	∞.
Causes of Death.	Whooping Cough Tuberculous meningitis Bronchitis Pneumonia (all forms) Diarrhœa Premature birth Injury at birth Congenital debility and sclerema. Convulsions Other causes	Total

## GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Hospitals provided or subsidised by the Local Authority or by the County Council:—

- A. (1) FEVER.—The Isolation Hospital, Tithe Barn Road (accommodation nominally 22 beds) is provided jointly by the Stafford Borough Council and the Stafford Rural District Council.
  - (2) SMALL Pox.—The Corporation are members of the South Staffordshire Joint Small Pox Hospital Board, and are thus part proprietors of the Small Pox Hospital at Moxley, to which any cases of the disease will be admitted.
- B. (1) Tuberculosis.—Local cases are treated in the Institutions provided by the Staffordshire, Wolverhampton and Dudley Joint Committee for Tuberculosis.
  - (2) MATERNITY HOSPITALS.—Nil.
  - (3) CHILDREN'S HOSPITALS.—The general accommodation of the Staffordshire General Infirmary.
  - (4) GENERAL.—Staffordshire General Infirmary, Stafford.
  - (5) Poor Law.—Stafford Board of Guardians, Marston Road.

#### Ambulance Facilities.

A new motor ambulance has been purchased by the Council to replace that provided by the British Red Cross Society which was worn out. This ambulance is available for the town and surrounding district. It is housed in a local garage, and is used for general ambulance work, also for infectious cases (subject to disinfection). Application should be made to the Police, Stafford (Tel. No. 1, Stafford).

#### Clinics and Treatment Centres.

(a) MATERNITY AND CHILD WELFARE CENTRE.—One centre at the Wesley Schools, Queen Street, provided by the Borough Council, and staffed by the Public Health Department, with assistance from the Guild of Social Welfare.

This centre is open on Mondays and Wednesdays from 10 a.m. to noon and from 2 to 4 p.m., Wednesday mornings being set apart for Ante-natal cases.

- (b) SCHOOL CLINIC.—For minor ailments, dental, ear, nose, and throat, and ophthalmic. In Mill Bank. Provided by the County Education Committee.
- (c) Tuberculosis Dispensary.—In Mill Bank, provided by the Staffordshire, Wolverhampton, and Dudley Joint Committee for Tuberculosis.
- (d) ORTHOPÆDIC CLINIC.—In premises situated in the basement of the Staffordshire General Infirmary. Provided by the Stafford Cripples' Centre. The arrangements under which Child Welfare cases are able to benefit from this are mentioned under Maternity and Child Welfare.
- (e) VENEREAL DISEASES.—The nearest clinics are those provided by the Stafford County Council at Wolverhampton, Stoke-on-Trent and Lichfield Hospitals.

#### Home Nursing.

The general nursing of the District is provided by the Stafford District Nurses' Society, Tipping Street. The Society also provides nursing for cases of Measles and other ailments of the young, when requested by the Medical Officer of Health to do so, and receives an annual grant from the Council for this.

#### Midwives.

The Council does not employ or subsidise practising midwives. Eight midwives practised in the Borough during 1927, all of whom were certificated.

#### Chemical Work.

Water analysis is carried out by the County Analyst at Wolverhampton. The reports on the town supply from Milford continue to be most satisfactory.

#### Adoptive Acts, etc., in Force in the District.

LOCAL ACTS.

Stafford Corporation Acts of 1876, 1880, and 1896.

ADOPTIVE ACTS RELATING TO PUBLIC HEALTH.

Infectious Diseases (Prevention) Act, 1890
Baths and Wash-houses Acts ... 1891
... 1891

Public Health Acts						1891
Public Health Acts	Amen	ldment	Act,	1907 (F	arts	
II, III (except Se	ctions	39 to	42 inc	clusive),	IV,	
$V$ , $VI$ , and $\bar{X}$ ).	• • •	•••	• • •	•••	• • •	1923
Public Health Act,	1925,	Parts	II (exc	cept Sec	ction	
34) III, IV, and	1 V	•••	•••	• • •	• • •	1926
				Data	of Ado	ntion
D . I				Date of		
Bye-Laws.				C	or Rev	ision.
Prevention of Nuisa	nces	• • •	• • •	• • •	• • •	1874
Water Closets (mad	e und	ler Sta	ifford (	Corpora	ition	
Act, 1896)	• • •	• • •	• • •	•••	• • •	1897
New Streets and			• • •	• • •	• • •	1914
Offensive Trades	• • •	• • •	• • •	• • •	• • •	1923
Slaughter Houses	• • •	• • •	• • •	• • •	• • • &-	1927
Common Lodging	Hous	ses	• • •	• • •	• • •	1927

Most of the bye-laws in force are now up to date, the exception being those with regard to nuisances. These old bye-laws of over 50 years ago claim to prevent nuisances but are actually designed to cure nuisances after they have arisen. An endeavour is being made to obtain sanction for a new set of bye-laws.

#### SANITARY CIRCUMSTANCES OF THE AREA.

#### Water Supply.

The new Reinforced Concrete Reservoir to contain one million gallons of water which is being constructed on a site adjoining the existing reservoir is nearing completion, and it is anticipated that it will be brought into commission in May or June next.

Six houses at Doxey were connected up to the town main during the year. This leaves seven still depending on well water.

#### Rivers and Streams.

Further analyses of water from the Sow and Penk were made for the Standing Committee on Rivers Pollution during the year. These again show that as a rule the water is quite as well oxygenated below the town as above it, but until the new sewage works are completed the position must remain unsatisfactory.

#### Sewage Disposal.

A start has been made with the remaining sections of the new Sewage Disposal Works on the Activated Sludge Principle, and, when these are completed next year, it will be possible to purify the whole of the town sewage satisfactorily, without any risk of offence to the surrounding neighbourhood.

The first section of these works, which has been in operation for more than two years is dealing with one sixth of the total flow of sewage, and is turning out a consistently satisfactory effluent.

#### Closet Accommodation.

There are approximately 4,578 water closets with flushing cisterns and 2,192 waste water closets in the Borough. The number of pail and midden privies remains the same, about 14 in outlying houses.

The waste water closets still continue to give a great deal of trouble. Out of 1,719 stoppages, 1,354 were in waste water closets. The number of stoppages is 34 less than last year, and has been falling steadily for the past seven years. There is evidence to show that this is due partly to greater care by the householders as well as to the conversion of slop closets into W.C.s with flushing cisterns. It is encouraging to note that during the year 51 such conversions were carried out.

#### Scavenging.

The gradual replacement of open wooden tubs by covered galvanised iron bins has been continued; and, during the year, notices have been served in respect of 322 houses calling on the owners to provide such receptacles.

2,597 galvanised bins have been purchased from the Corporation since the commencement of the scheme for the abolition of the uncovered wooden receptacles about seven years ago, and, in addition, a considerable number have been obtained privately.

#### Sanitary Inspection of the Area.

Mr. J. H. Drury, the Senior Sanitary Inspector, presents the following table summarising the routine work of the year.

The scope and extent of this work continue to increase, owing not only to the advance of the town but also to the

steady increase in Public Health legislation. Its importance and the part it plays in improving the health of the town have been pointed out in recent annual reports.

	No.	of	Noti	Notices. Nuisances abated.				
	Inspec- tions	Defects	Informal I	Statutory 2	I	2		
Visits to dwelling- houses	2804		•••	•••	•••	• • •		
Houses requiring cleansing Structural defects	7 68	4 64	4 31	 13	3	8		
Housing of Working Classes Act			3	r	r	I		
Lodging-houses Factories & Work- shops	229	42	1 42	• • •	32	•••		
Dairies & Milkshops Cowsheds	183	16 31	16 31	•••	14 20	•••		
Bakehouses	93 710	15 23 12	15 23 12	•••	15 23 12	• • •		
Fried Fish Shops Canal Boats Ashpits & want of re-			•••	•••	•••	•••		
ceptacles for refuse. Deposits of refuse &	701	322	266	58	208	<b>5</b> 5		
manure		159	17	45	88	38		
fects Water supply		197	156	37	112	27		
Animals improperly keptOffensive Trades other		8	8	•••	2	• • •		
than Fried Fish Shops Defective yard pave	. 19	5	5	•••	4	• • •		
ments Other nuisances	. 18 . 49	33 8	30 8	3 6	8 26 1	I 2 4		
Overcrowding Closet stoppages cleared		1719			•••			
	6093	2689	822	165	606	136		
Unwholesome fo Number of	od :— surrende		•••		•••	197 <b>0</b>		
Number of seizures o  Condemned by Magistrate o  Prosecutions for exposing for sale o  Convictions for exposing for sale o								
Precautions aga Lots of in Houses disi	inst Inf	ectious (	Disease :	ea or a	estroyed	84 84		

#### Smoke Abatement.

During the year 115 fixed smoke observations have been made of the smoke emitted from the various chimney stacks within the Borough, in addition to general observations.

The large increase in the number of observations is accounted for by special attention being given to the chimneys of the various Salt Works.

In a town like Stafford the amount of industrial smoke is small compared with that emitted by domestic chimneys. The present day tendency for Local Authorities to urge citizens to burn their own refuse seems to me a retrograde step. The modern destructor is designed to consume its own smoke, and this is not likely to be achieved in the domestic grate, when the householder burns his own refuse. The smoke so produced will help to soil the neighbour's washing, etc., so that any small saving in rates will be eaten up in the purchase of extra soap and other cleaning materials.

We have pure water and pure food at our disposal, but pure air is no less valuable from a health point of view.

That there are factors at work which tend to reduce the amount of our domestic smoke is shown by the fact that, during the last three years, over 3,000 gas and electric heating appliances have been installed, and there is reason to hope that we may soon have smokeless fuel as a practical alternative to raw coal. It is to be hoped that any smoke abatement so achieved will not be negatived by other changes.

## Premises and Occupations which can be controlled by Bye-laws or Regulations.

Milk Producers.	• • •	• • •	• • •	• • •	19
Retail Purveyors of	f Milk i	n the B	orough	• • •	65
Retail Purveyors of	of Milk	whose	premis	es ar	e
outside the Bor			• • •		29
Common Lodging	Houses	• • •	• • •		4
	• • •				
Slaughterhouses	• • •	• • •			17

There are no Bye-laws in force in the Borough relating to houses let in lodgings or for tents, vans, sheds, etc., and there is no need for regulations in regard to underground sleeping rooms. Many of the producers of milk are also enumerated amongst the retailers.

#### Offensive Trades.

There are now 28 Offensive Trades on the Register, of which 24 are fried fish shops, fish frying having been declared an Offensive Trade on June 18th, 1923, and 91 visits have been made to these premises. The remainder consists of 1 fell-monger, 1 rag and bone merchant, and 2 gut scrapers.

The fish frying businesses have been carried out in a satisfactory manner, and no complaints have been received by the Department with regard to them.

#### Factory and Workshop Acts.

INSPECTIONS.—61 inspections of Factories and 261 of Workshops and Workplaces were made. 57 defects were discovered and action was taken to have these remedied where necessary.

HOMEWORK.—Lists of outworkers were received as follows:—

Wearing Apparel (making)

(Twice a year) 8 lists relating to 13 workmen. (Once a year) 1 list relating to 1 workman.

Umbrellas (Twice a year) 2 lists relating to 2 workmen.

No prosecutions were necessary.

REGISTERED WORKSHOPS.—The workshops on the register at the end of the year were :—

Bakehouses	• • •		• • •	•••	22
Boot-making a	nd r	epairing	• • •	• • •	25
Dressmaking	• • •	• • •		• • •	2
Tailors	• • •	•••	• • • •	•••	17
Milliners	•••	• • •	•••	•••	3
Cycle and Mot	or 1	repairing	• • •	• • •	18
Miscellaneous		• • •	• • •	•••	75
					— T62
					104

Miss Suffield, Health Visitor, in addition to her other duties, carried out 19 inspections in factories and 8 in work-rooms where women are employed, and reported 5 defects in factories.

I.—Inspection.

Including inspections made by Sanitary Inspectors.

•	Number of			
Premises.	Inspections.	Written Notices.	Prosecu- tions.	
FACTORIES (Including Factory Laundries)	61	3		
Workshops (Including Workshop Laundries)	247	18		
WORKPLACES (Other than Outworkers' premises)	14			
Total	322	21		

#### 2.—Defects Found.

	Nu	Number of Defects.				
Particulars	Found	Remedied	Referred to H.M. Inspector	Number of Prosecu- tions		
Nuisances under the Public Health Acts.* Want of cleanliness Want of ventilation Overcrowding	<del>2</del> 4 —	2 <u>3</u>				
Want of drainage of floors	<del>-</del> 6	6	_	_		
TION. Insufficient Unsuitable or de-	8	4	_			
fective Not separate for	17	13	_			
Sexes  OFFENCES UNDER THE FACTORY AND WORKSHOP ACTS.  Illegal occupation of underground bakehouse (s. 101) — Other offences			_ 			
Total	57	47				

<sup>\*</sup>Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

#### Cinemas, Etc.

Visits have been paid to these premises, and they have been found to be kept in a satisfactory condition.

#### Canal Boats Acts.

No boats have been inspected during the year, the branch of the canal inside the Borough not being used.

#### Schools.

A sanitary survey of each school is made three times a year by the School Medical Inspector, whose reports are considered by the Education Authority, any necessary action being taken.

When absence from school is suspected to be due to illness, duplicate reports are sent by the Head Teacher to the Deputy School Medical Officer and to the M.O.H. Where necessary the School Nurse visits the home to investigate.

Convalescents from infectious disease and contacts, who have been excluded from school, are reported to the Deputy School Medical Officer by the M.O.H., and are seen by one of the Medical Inspectors at the School Clinic before being allowed to return to school.

#### HOUSING.

A larger number of houses were completed by the Corporation during 1927 than in any previous year, but the number built by private enterprise was much below that built during any year since the subsidy scheme began. In all, 828 houses have been completed in the last eight years.

The Council have now commenced to build on a new estate at the North end of the town, and it is hoped to erect some houses there to meet the needs of the "less well paid workers." Each year, I have urged the needs of these people in my reports, and there seems little to add to what has already been written with regard to the urgency of their case.

It has been said, on the one hand, that we have no slums in Stafford, and on the other, that we have not touched the question of people living in slum houses. Both these

statements may be accepted, because our slum houses are not massed together in slums. Still, we have our share of them in the town. Within the last few years, there have been several cases where such structures as stables, cowsheds, and even a "duck pen" (so called) have been seized upon by tenants who required houses, and there are a good many occupied houses in the town to-day which are not greatly superior.

If a real effort is at last to be made to grapple with this problem, the management of the new houses so occupied will require special consideration.

The Octavia Hill system, under which the manager (a woman) is responsible for rent collecting and for the condition of the property, is, I believe, the only one which can be relied upon to raise many of those from slum houses up to the new standard. It is a proved success elsewhere, and I hope the Council will give it serious consideration.

The 20 houses in North and South Walls built in 1924 for poorer families are an example of what can be done. They have succeeded because Miss Suffield has visited them regularly to see that the tenants were responding to their improved surroundings. 180 such visits were made during 1927. In a few cases it has been possible to arrange for families to exchange houses to the mutual benefit of both; but the extreme scarcity of low rented houses with suitable accommodation has limited this work.

A number of cases of serious overcrowding were reported, in some of which no satisfactory solution was found owing to this scarcity. None were remedied except by the provision of Corporation houses. The only alternatives are to separate the family, some going into lodgings which is not a satisfactory solution; or to move the family to the workhouse, which is not practicable.

#### Housing Statistics for Year 1927.

Number of new houses erected during the year :—

	_	ction of Dwelling Houses during the Year.	
	(1)	Total number of dwelling-houses inspected	
	, ,	for housing defects (under Public Health or	
		Housing Acts)	1592
	(2)	Number of dwelling-houses (included under	
	• •	sub-head (I) above) which were inspected and	
		recorded under the Housing Consolidated	_
		Regulations, 1925	65
	(3)	Number of dwelling-houses found to be in a	
		state so dangerous or injurious to health as to	
		be unfit for human habitation (previously	
		reported, 95) reported during 1927	5
	(4)	Number of dwelling-houses (exclusive of those	
		referred to under the previous sub-heading)	
		found not to be in all respects reasonably	<b>27.0</b> 0
		fit for human habitation	739
0	Dame	edy of Defects during the Year without Servi	ce of
z.		al Notices.	00 01
	Nu	mber of defective dwelling-houses rendered	
		fit in consequence of informal action taken	504
		by the Local Authority or their Officers	524
0	A otic	on under Statutory Powers during the Year.	
ა.			0 <b>0 5</b>
A	. Pro	speedstage standar Section 2 of the Hollsing ACL II	
	, ,	oceedings under Section 3 of the Housing Act, I	925.
	(1)	Number of dwelling-houses in respect of	
	(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	925. I
	(1) (2)	Number of dwelling-houses in respect of which notices were served requiring repairs Number of dwelling-houses which were ren-	
	(1)	Number of dwelling-houses in respect of which notices were served requiring repairs  Number of dwelling-houses which were rendered fit after service of formal notices:—	I
	(1)	Number of dwelling-houses in respect of which notices were served requiring repairs  Number of dwelling-houses which were rendered fit after service of formal notices:—  (a) by owners	I
	(2)	Number of dwelling-houses in respect of which notices were served requiring repairs Number of dwelling-houses which were rendered fit after service of formal notices:—  (a) by owners  (b) by Local Authority in default of owners	I
	(1)	Number of dwelling-houses in respect of which notices were served requiring repairs  Number of dwelling-houses which were rendered fit after service of formal notices:—  (a) by owners  (b) by Local Authority in default of owners  Number of dwelling-houses in respect of which	I
	(2)	Number of dwelling-houses in respect of which notices were served requiring repairs  Number of dwelling-houses which were rendered fit after service of formal notices:—  (a) by owners  (b) by Local Authority in default of owners  Number of dwelling-houses in respect of which  Closing Orders became operative in pursuance	I
	(2)	Number of dwelling-houses in respect of which notices were served requiring repairs Number of dwelling-houses which were rendered fit after service of formal notices:—  (a) by owners  (b) by Local Authority in default of owners Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to	I
	(2)	Number of dwelling-houses in respect of which notices were served requiring repairs  Number of dwelling-houses which were rendered fit after service of formal notices:—  (a) by owners  (b) by Local Authority in default of owners  Number of dwelling-houses in respect of which  Closing Orders became operative in pursuance	I O
P	(1) (2) (3)	Number of dwelling-houses in respect of which notices were served requiring repairs Number of dwelling-houses which were rendered fit after service of formal notices:—  (a) by owners  (b) by Local Authority in default of owners Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	I O
В	(1) (2) (3)	Number of dwelling-houses in respect of which notices were served requiring repairs Number of dwelling-houses which were rendered fit after service of formal notices:—  (a) by owners  (b) by Local Authority in default of owners Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close  occeedings under Public Health Acts.  Number of dwelling-houses in respect of which	I O
В	(1) (2) (3)	Number of dwelling-houses in respect of which notices were served requiring repairs Number of dwelling-houses which were rendered fit after service of formal notices:—  (a) by owners  (b) by Local Authority in default of owners Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close  occeedings under Public Health Acts.  Number of dwelling-houses in respect of which	I O
Е	(1) (2) (3) 3. Pro (1)	Number of dwelling-houses in respect of which notices were served requiring repairs Number of dwelling-houses which were rendered fit after service of formal notices:—  (a) by owners  (b) by Local Authority in default of owners Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close  occeedings under Public Health Acts.  Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	I O
В	(1) (2) (3) 3. Pro (1)	Number of dwelling-houses in respect of which notices were served requiring repairs Number of dwelling-houses which were rendered fit after service of formal notices:—  (a) by owners (b) by Local Authority in default of owners Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	I O
В	(1) (2) (3) 3. Pro (1)	Number of dwelling-houses in respect of which notices were served requiring repairs Number of dwelling-houses which were rendered fit after service of formal notices:—  (a) by owners (b) by Local Authority in default of owners Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	I 0 1 215
Е	(1) (2) (3) 3. Pro (1)	Number of dwelling-houses in respect of which notices were served requiring repairs Number of dwelling-houses which were rendered fit after service of formal notices:—  (a) by owners (b) by Local Authority in default of owners Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	1 0 1 215
В	(1) (2) (3) 3. Pro (1)	Number of dwelling-houses in respect of which notices were served requiring repairs Number of dwelling-houses which were rendered fit after service of formal notices:—  (a) by owners (b) by Local Authority in default of owners Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	1 0 1 215 178 7
	(1) (2) (3) 3. Pro (1) (2) *'I	Number of dwelling-houses in respect of which notices were served requiring repairs Number of dwelling-houses which were rendered fit after service of formal notices:—  (a) by owners	1 0 1 215 178 7

C. Proceedings under Sections 11, 14, and 15 of the Housing Act, 1925.

Number of representations made with a view	
to the making of Closing Orders	5
Number of dwelling-houses in respect of which	J
Closing Orders were made	5
Number of dwelling-houses in respect of which	
Closing Orders were determined, the dwelling	
houses having been rendered fit	0
Number of dwelling-houses in respect of which	
Demolition Orders were made	O
Number of dwelling-houses demolished in pur-	
ance of Demolition Orders	0
	to the making of Closing Orders  Number of dwelling-houses in respect of which Closing Orders were made  Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit  Number of dwelling-houses in respect of which Demolition Orders were made  Number of dwelling-houses demolished in pur-

#### INSPECTION AND SUPERVISION OF FOOD.

#### (a) Milk Supply.

There are 19 cowkeepers and 65 milk sellers registered within the Borough. In addition, the names of 29 persons who reside outside and retail milk inside the Borough are on the Register. 142 visits were paid to the cowsheds, and 183 to the milkshops; in each case the occupier's attention was called to the requirements as to cleansing and limewashing; these were complied with.

There is a decided improvement in the production and handling of milk, and greater interest is taken by the persons engaged in the trade in the matter of cleanliness. A number of improvements have been made in various cowsheds with respect to the floors, etc., and also in the grooming of the cattle, and although the efforts made are not always what might be desired there is a great advance shown in this respect.

The increase in the number of milk sellers from 40 last year to 65 this year, is due to the inclusion of a number of premises where bottled sterilized milk is sold. This is actually sold at a higher price than that asked for fresh milk. The fact that this sterilized article is able to compete with fresh milk at all should make the local milk sellers thoughtful. Really clean fresh milk is much superior.

The terms, "new milk," "pure milk," etc., seem to me even more mysterious than "fresh," "new-laid," or "shop" as applied to eggs. The public should realise that the official seal on Graded milks is the only impartial guarantee of quality.

There are now five retailers of Grade A milk in the town, three of whom cover the whole area by motor delivery. The Corporation have continued to support this purer milk supply, by restricting their contracts for the Isolation Hospital and Child Welfare Centre to Grade A milk.

#### Meat.

The total amount of meat condemned as unfit for human consumption was 15 tons  $14\frac{3}{4}$  cwts., from 224 carcases, classified as follows:—Oxen, 75; sheep, 56; pigs, 63; calves, 30. In 90 cases the reason for condemnation was tuberculous disease in various forms.

Much of the meat condemned is from carcases of animals slaughtered in emergency, and sent into the town for inspection before disposal. The inspector is always asked by the butchers to see these as many of them are unfit for food.

The condemned meat continues to be dealt with in the manner described in my last report.

#### Classification of Slaughterhouses.

		In 1920.	In Jan., 1927.	In Dec., 1927.
Registered	• • •	ΙΪ	9	8
Licensed	• • •	II	IO	9
		22	19	17

These premises have been inspected regularly throughout the year with satisfactory results. The fact that the majority of them are small, old, and badly situated, increases the importance of the work.

Two slaughterhouses, which had not been used for the purposes of slaughtering for a considerable time, were reported to the Public Health Committee and crossed off the Register.

#### Other Foods.

Regular observations have been made of the food stuffs exposed for sale in the Market Hall, and they were found to be in a sound condition.

#### Ice Cream Shops.

There are 46 premises on which ice cream is made in the Borough. 50 inspections have been made. The majority of these places are small shops, and the ice cream is made during the summer months. The utensils and premises were kept in a clean condition.

Infectious diseases (other than tuberculosis) notified during the 52 weeks from 2nd January 1927 to 31st December 1927.

Removed to Isolation Hospital.	21	20 I			11		1-1	
65 & over					3 I		2 H	
45—65				1	00		1	
35—45			П	н	9 8		C I	н
20—35	\ \cdots	w		9	7		нн	H
15—20	H	н			2			8
10—15	61	4			2			17
510	T3	IO			8	I I	H	173
4—5	н	п			нн			61
3—4	3							17
2—3	н	н			4н			11
I—2	н				2 п			12
Under 1 year			11					I O
At all Ages.	25	22 I	· I	8 I	39 12	Ι	13 3	264
Notifiable Disease.	Scarlet FeverDeaths	Diphtheria	Puerperal FeverCases	Puerperal PyrexiaCases Deaths	PneumoniaDeaths	PoliomyelitisDeaths	ErysipelasDeaths	Chicken PoxDeaths

# PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

There were fewer cases of infectious disease than for many years, with the exception of Chicken Pox; and for the first eight months the town may almost be said to have been free from Scarlet Fever and Diphtheria.

#### Small Pox.

The number of Small Pox cases notified in England and Wales during the year was 14,769, of which twenty-eight occurred in Staffordshire. Although the Borough has remained free, the occurrence of such large numbers of cases in the country shows the risk of invasion to be very real. The continued neglect of vaccination is very regrettable, and will prove a serious handicap in controlling the disease should it unfortunately gain a footing in the district.

VACCINATION STATISTICS.—The subjoined figures for 1926 apply to the whole of the Stafford Union.

Births registered	•••	•••	• • •	• • •	668
Successfully vacc	inated	• • •	• • •	221	
Exemptions		•••	• • •	397	
Died unvaccinated	d	• • •	• • •	37	
Removed	• • •		• • •	10	
Insusceptible	• • •	• • •	•••	3	
				668	

#### Scarlet Fever.

Of the 25 cases, 21 were notified in the last four months of the year. They were mostly of the usual mild type, and all recovered. Scarlet fever streptococcus antitoxin was used in cases coming under treatment in the early stages, especially in the younger children, but there has not been much opportunity of estimating its effect on the course of the disease.

Only one house had a second case occur in it, and here the patient fell ill five days after his brother returned home. This brother was found to have developed a small sore on his nose after discharge from hospital.

With regard to the effect of domestic overcrowding—in the infected houses there were 1.07 rooms per person as compared with 1.13 for the town as a whole.

Case rate per 1,000 living, for Stafford 0.87; for England and Wales 2.16.

#### Diphtheria.

Twenty-two cases were notified, one half of them during December. As in previous years, several children were in an advanced stage of the disease before medical advice was obtained, and one of these aged 4 years, who was admitted to hospital in a hæmorrhagic state, died. It seems impossible to awaken some parents to the dangers of this disease. December, warning notices were published in the local Press calling attention to the presence of Diphtheria in the town and to the importance of prompt attention to sore throats especially in children. With the assistance of the School Medical Department, contacts in the schools were swabbed, and several carriers were isolated. When suspicious throats are swabbed, it is important that antitoxin be given, without waiting for the bacteriologist's report, so that valuable time may not be lost. Four houses had two cases each, thirteen had single cases, and one, a case of quinsy with positive swabs, occurred in a nurse at the Isolation Hospital.

The infected houses had only 0.87 rooms per person. Case rate per 1,000 living, for Stafford 0.73; for England

and Wales 1.33.

#### Enteric Fever.

One case was notified in a patient with enteritis who gave a positive Widal reaction. Further examination showed the reaction to be due to previous T.A.B. innoculation and the notification was withdrawn.

#### Puerperal Fever.

One fatal case was notified. Rate for Stafford, 0.03; for England and Wales, 0.05.

#### Puerperal Pyrexia.

Eight cases were notified, one of which ended fatally

three weeks later from pyæmia.

The Council have appointed Dr. F. M. Blumer as consultant under the Puerperal Fever and Puerperal Pyrexia Regulations, and his services are available to practitioners in the area.

Rate for Stafford, 0.28; for England and Wales, 0.14.

#### Pneumonia.

Thirty-nine cases were notified, twelve proving fatal. Steps are taken to obtain assistance, such as nursing or extra nourishment when it is required. The relief for such necessitous cases has been obtained from the Guild of Social Welfare and from the Guardians.

#### Anterior Poliomyelitis.

One case was notified, in a child aged 6, she has since been attending the Orthopædic Clinic.

#### Erysipelas.

Thirteen cases were notified, with four deaths.

Case rate per 1,000, for Stafford 0.45; for England and Wales 0.38.

#### Chicken Pox.

Two hundred and sixty-four cases were notified, more than half of them during the last three months of the year. In doubtful cases the diagnosis was confirmed by the M.O.H.

#### Measles.

Cases of this disease occurred between June and November, and one, in a man of 25, proved fatal. The Health Visitors paid 199 primary and 85 re-visits.

#### Whooping Cough.

The outbreak of this disease which began at the end of 1926 continued throughout the first three months of 1927 and caused three deaths. 102 primary and 108 re-visits were made by the Health Visitors.

In both Measles and Whooping Cough the school intimations often prove valuable in directing attention to the homes of infants which have been invaded. The Health Visitors are then able to urge that medical attention be obtained at least for these youngest ones in whom the attacks are apt to be most serious. This, of course, can only be done when the school intimation is received soon after the absence of the first case from school.

#### Bacteriological.

The County Laboratory at Lichfield, provided by the Stafford County Council, undertakes bacteriological examinations in suspected cases of Diphtheria, Tuberculosis, Enteric Fever, Cerebro-Spinal Fever, and Malaria; and also the Wassermann test for Syphilis. This service is available, without charge, to medical practitioners. All Diphtheria cases at the Isolation Hospital are thus tested for freedom from infection before discharge. It is also desirable that those who have been in close contact with a case of Diphtheria should be tested, in case they are harbouring infection, and

arrangements are made to get this done as far as possible. Where necessary a virulence test is carried out to enable a persistent carrier of non-virulent bacilli to be released from unnecessary restrictions.

During the year reports on the following were received

by the Medical Officer of Health:—

Swabs examined for Diphtheria bacilli		386
Specimens examined for Typhoid bacilli	• • •	3
Blood examined for Widal reaction		5
Sputum examined for Tubercle bacilli	• • •	
Wassermann Test		I

#### Issue of Diphtheria Antitoxin, Etc.

Supplies of Diphtheria antitoxin are available at the public expense for necessitous cases. These are used by medical practitioners for the treatment of cases of Diphtheria or possible Diphtheria, it being of the utmost importance that such treatment should be commenced without waiting for bacteriological confirmation, and so losing valuable time. Few, if any, cases of this disease will fail to do well if given a sufficient dose of antitoxin on the first day of the illness.

Immunisation against Diphtheria is offered through the Welfare Centre for children under school age; but up to the present only a few parents have taken advantage of this. Diphtheria Toxin-Antitoxin is also provided for the use of

medical practitioners.

The Schick and Dick tests have not been used.

#### Disinfection.

A Washington Lyon steam disinfector is used for bedding,

clothing, etc., which have been exposed to infection.

Houses in which there have been cases of Scarlet Fever, Diphtheria, Tuberculosis, etc., are fumigated with formalin vapour or sprayed with formalin solution, and a liquid disinfectant is supplied to the occupier for use in the "spring cleaning" which is advised as a sequel to the fumigation.

It is often said—"Why disinfect, when you cannot possibly destroy all the germs present?" The process is, no doubt, imperfect, and it would be impossible to prove that disease had been prevented. However, the great majority of disease germs are destroyed or removed by the cleansing and ventilation which follow the fumigation, and it is well known that the production or not of disease depends on the dose of germs reaching the individual. In Smallpox, even though the contacts are protected by vaccination, disinfection is still the rule, and it seems unwise to be less thorough in other infections.

In Measles and Whooping Cough the infection is considered too short lived to require any formal disinfection.

#### Isolation Hospital.

Fifty-one cases were admitted, classified as follows:-

Disease.	Stafford Borough.	Stafford Rural District.	Total.
Scarlet Fever	21	7	28
Diphtheria			20
Tonsilitis		terminary.	r
Erythema			I
Enteritis			I
Total	44	7	51

There was one death, that of a child aged 4 years suffering from Diphtheria, who was moribund on admission.

The great majority of Scarlet Fever and Diphtheria cases are treated at the hospital, as there are few houses in the town where efficient isolation would be possible. As a rule, even the provision of a separate bedroom would involve overcrowding in other parts of the house. In certain employments objection would be taken to a worker, living in the same house as the patient, continuing at work. Finally, in most families there is only one adult who can be at home to look after the patient and she is usually the mother with other children to attend to.

Having only 22 beds to serve the Borough and the Rural District, a combined population of over 38,000, it is not possible to attempt to admit cases of other diseases, such as Measles and Whooping Cough, although a few such cases would have a much better chance of recovery in hospital.

#### Ophthalmia Neonatorum.

The two cases notified made complete recoveries.

Notified	CASES  Treated  At home  In hospital		Vision un- impaired	Vision impaired	Total blindness	Deatlis
2	2		2		_	_

#### Tuberculosis.

Analysis of the new cases and deaths during the 52 weeks from 2nd January, 1927, to 31st December, 1927:—

		New	Cases.		Deaths.			
Age Periods.	Pulmo	Pulmonary		Non-Pulmonary		Pulmonary		monary
Periods.	M	F	M	F	M	F	M	F
о— I				2				2
I 5			2	4	—		)	I
5—10	2	2	2				· /	
10—15		I	I	-		I	- 1	
15-20	4	2	2			_		_
20-25		I	-		I	3		
25-35	7	5	-	—	4	3		
35-45	3	5		I	3	I		I
45-55	3				I	I		_
5565	I	I				I	-	
65 and over	2		-		I			-1
Totals	22	17	7	7	10	10		4

The death rate from all forms of Tuberculosis in Stafford for 1927 was 0.83. This is the lowest on record, the previous best being 0.95 in 1923.

Year.	Number	of deaths.	Rate per 1,000.			New
	Pul.	Non-Pul.	Pul.	Non-Pul.	Total.	Cases.
1917	19	6	0.80	0.25	1.05	46
1918	34	2	1.40	0.08	1.48	51
1919	25	7	0.94	0.26	1.20	65
1920	30	9	1.08	0.32	1.40	61
1921	30	7	1.03	0.24	1.27	53
1922	29	7	0.99	0.24	1.23	40
1923	26	2	<b>o.</b> 88	0.07	0.95	57
1924	29	6	1.01	0.21	I.22	56
1925	27	5	0.93	0.17	1.10	76
1926	26	5	0.89	0.17	1.06	60
1927	20	4	0.69	0.14	0.83	53
Average for						
England a	ind Wales	s (1926)	0.77	0.19	0.96	

The "Balance Sheet" for the register may be given as follows:

Number on register at	Deaths in 1927* 28
31st December, 1926 229	Removals 10
Notifications in 1927 45	" Cured" I
Transfers from other	Number on register at
districts 3	31st December, 1927 243
Un-notified deaths 5	***************************************
	282
282	

<sup>\*</sup>Includes four deaths attributed to other causes.

Notification.—Five deaths attributed to tuberculosis were in un-notified cases. Two long-standing cases of pulmonary disease were overlooked as the doctors in attendance thought they had been notified, two were cases of meningitis rapidly fatal, and one, a case of bowel trouble in a mental defective, was certified as "probably tubercle." The table below shows that the interval between notification and death has increased.

Year.	Number of Un-notified Deaths.	Average interval between notification and Death.
1917	5	8.9 months
1918	17	18.4 ,,
1919	15	12.9 ,,
1920	II	8.5
1921	5 8	9.5 ,,
1922	8	20.7 ,,
1923	4 8	13.3 ,,
1924	8	18.4 ,,
1925	7	18.1 ,,
1926	2	14.0 ,,
1927	5	27.2 ,,

Twenty-five cases from the Borough of Stafford were admitted as in-patients to the following institutions during 1927:—

Prestwood Sanatorium	• • •	• • •	13
Edge View Tuberculosis Hospita	ı1	• • •	2
Groundslow Sanatorium		• • •	9
Himley Children's Sanatorium		• • •	I

AFTER-CARE.—The Stafford Guild of Social Welfare have agreed to undertake this work in the area. An annual grant up to £2 per case relieved is made by the Joint Committee towards the expenses of the After-care Committee, but it cannot be too widely known that the primary aim of the Committee is not to relieve distress amongst the tuberculous but rather to help them to become self-supporting. All cases are submitted to the Committee by the Tuberculosis Officer and the following is a brief summary of the main objects of the work:—

- I. To allay any fears that may exist as to the danger of infection in early cases, subject to the patient taking reasonable precautions.
- 2. Finding suitable employment and providing clothing and food in necessitous cases.
- 3. The provision of beds and bedding to enable patients to sleep alone.

- 4. When necessary to assist the families of patients who are under treatment in residential institutions.
- 5. To take a general interest in the welfare of cases submitted to their care, and if necessary to visit them at their own homes. These visits are not intended to take the place of the visits paid by the Health Visitors appointed by the Council.

HEALTH VISITING.—The Health Visitors have paid 43 primary visits to tuberculous persons on notification and 965 subsequent visits. The housing difficulty is still acute and even infectious cases cannot always arrange to sleep alone.

The sleeping accommodation of 232 of the 243 cases on the register was as follows:—

Separate bedroom. Separate bed (share room). Share bed. 46

Shelters have been provided by the Joint Committee for use by patients residing in the area, but many of the worst cases are not well enough to sleep outside, and they are not always willing to be removed to Hospital even when accommodation is available. There is no doubt that patients do much better in shelters than when they sleep in small ill-ventilated rooms, but it requires a considerable amount of determination to persevere with the treatment, especially during the winter months.

# Public Health (Prevention of Tuberculosis) Regulations, 1925, and Public Health Act, 1925, Section 62.

No action was necessary under either of these provisions, the former of which relates to tuberculous employees in the milk trade and the latter to compulsory removal of infectious cases to hospital.

#### MATERNITY AND CHILD WELFARE.

#### Notification of Births Acts.

459 births were notified (422 by midwives, 21 by doctors, and 16 by parents). Twenty-seven other births are known to have occurred, making 486 births taking place in the Borough during the year. Of this total 94.4% were notified in accordance with the above Acts.

#### Health Visiting.

The following is a summary of visits in regard to Infant Welfare:—

Births. Primary visits		• • •			437
Re-visits		• • •			1687
Ante-natal visits. Prima	ary	• • •			114
Re-vi	sits	• • •	• • •	• • •	128
Visits to older children	(1-5)	• • •	• • •	• • •	2015
Inquiries into infant de	eaths	• • •	• • •	• • •	16
Infant Life Protection (C	hildren'	's Act,	1908)	• • •	24
Unclassified visits	• • •	• • •	• • •	• • •	114

It will be seen that the great majority of the births are visited, and that the older children (1-5) receive their share of attention too, an important part of the work which has been greatly expanded since the appointment of a second Health Visitor.

#### Infant Welfare Centre.

The Centre is held at the Wesley Schools, Queen Street, and is open from 10 a.m. to noon and from 2 to 4 p.m. on Mondays and Wednesdays. It has been well attended, though there have been periods when the numbers have fallen off owing to infectious disease (Whooping Cough, Chickenpox or Measles) compelling a number of mothers to cease attending for a time.

The installation of electric light is a welcome improvement.

Ante-natal consultations are held on Wednesday mornings, and the attendances have been quite encouraging in view of the fact that no inducements, such as free meals, are provided and there is no maternity home in connection with the Centre.

The death of 12 infants within one month of birth, to which number must be added 15 still births, shows that there is scope for saving infant life in this work as well as for the care of the mother during pregnancy.

Co-operation with the midwifery service is encouraged by the fact that one of the midwives from the District Nursing Association attends at the afternoon sessions to assist.

Number of Consultation days	•••			97 251
New cases registered	• • •	• • •		
Total attendances	• • •	•••		4817
Average attendance per week (	two s	essions)	• • •	100
Ante-natal consultations:				
New cases registered		• • •	• • •	34
Subsequent attendances	• • •	c • •		34

Thanks are due to the members of the Maternity Committee of the Guild of Social Welfare for regular assistance on Centre days, an indispensable help in the running of the Centre, also for loan of Maternity Bags to necessitous cases; to the Mayor's Fund for clothing for the mothers and children; and to the Guild's Boot Fund for boots for children under school age.

#### Baby Day.

Miss Suffield contributes the following account:—

The Baby Week Celebrations were held during the first week in July. A circular letter was sent to the clergy and ministers of religion inviting their co-operation by preaching special sermons on July 3rd.

The B.W.T.A. organised a meeting for mothers and babies on July 7th. Mrs. Charles Hobson, the County President, gave the address. Refreshments and flowers were given to the mothers attending.

Shop window displays were given by the chemists and drapers supplying mothers and children's requirements. The displays were very good, and attracted much attention.

The Welfare Centre in Queen Street was open to the public on Monday, July 4th. A number of the general public including his Worship, the Mayor, availed themselves of the opportunity of seeing the Centre at work. The pram parade prizes were on view, and were greatly admired, as was also the specimen decorated perambulator kindly lent for a whole month by Messrs. Brookfields Successors. We are very much indebted to Mrs. Drury for her assistance in decorating the perambulator which was of great help to the mothers, many of them making their first attempt.

Arrangements were made as in former years to hold the Garden Party in the Victoria Pleasure Grounds, but as the weather continued to be uncertain it was decided to hold the Celebration in the Market Hall.

The decorated perambulators were judged in a section of the market, non-competitors were not admitted. This arrangement distinctly facilitated the work of the Judges, who had a very difficult task owing to the good average standard of decoration. The artificial flower section was the largest. Owing to the excellence of the work it was decided to follow the precedent of other years and award consolation prizes to each unsuccessful competitor.

The Parade, marshalled by Councillors Pilliner and Owen, left the Market Hall, and formed a procession, headed by the Borough Military Band, the Police, the Mayor in his robes and chain of office, preceded by the Mace Bearer, followed by members of the Town Council, Maternity and Child Welfare Committee, the Judges and the Competitors. The route, which was lined by spectators, was by way of Greengate Street, Newport Road, Victoria Road, re-entering the Market Hall by the Crabbery Street entrance. Councillor Mrs. South, J.P., welcomed the guests, and tea was very expeditiously served by Mrs. Jackson and Mrs. Dix, and a large number of willing helpers. The Pram Parade prizes and the Mothercraft Certificates were presented by the Mayoress. Mrs. Dorman presented the Blumer Medals and Certificates. The judging for this competition took place on 24th June, and was kindly undertaken by Dr. Anderson, School Medical Officer. The Band played selections of music until 6 p.m.

#### Free Supply of Milk to Mothers and Infants.

This has been continued throughout the year, and, owing to the persistence of unemployment, has been of great value in enabling these mothers to feed their children satisfactorily. Number of applications received, 98. Of these, 95 were granted and three refused. The numbers on the list were 69 on January 1st and 65 on December 31st.

Every effort is made to encourage breast feeding. Even in those cases where it has already been given up, a fresh start is often made with success. Of 421 children who completed the age of nine months during 1927:—

84% were breast fed at the first visit.

63% were breast fed at the end of three months, and

51% were breast fed for over six months, while

16% were artificially fed at first visit.

This work is still handicapped by unwise advice given by those about the mother to the effect that her milk does not suit the baby. Very often the real fault is not in the milk, but in the way in which it is given. For example, trouble often arises from indigestion, due to too free a flow of milk which the mother has not known how to control even if she has recognised the cause of the difficulty.

#### Orthopædic Treatment.

The Medical Officer is authorised to send any necessitous cases attending the centre, who require orthopædic treatment, to the Clinic in Stafford, and during the year 15 benefitted by this. The cases comprised congenital deformities, birth injuries, and one or two children of migratory families who were found to be suffering from rickety deformities.

#### Maternity Beds.

The size of the town would not appear to justify the provision of a Municipal Maternity Home, but if an annexe to the Infirmary could be provided there is no doubt that it would fill a great want, both in cases of abnormal labour and in those cases where the mothers' home conditions are unsatisfactory. The difficulty of financing any such scheme appears to be considerable.

#### Co-ordination with the School Medical Service.

Abnormal children are, as far as possible, reported to the School Medical Department on reaching school age.

Information with regard to houses infected with Measles and Whooping Cough is largely derived from reports received from the school teachers by arrangement with the School Medical Department, and any homes where there are children under five are visited.





